

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
FEB 01 2010

Secretary of State
Capitol Office

DATE STAMP

Candidate's Name JOHNNIE E. WALLS, JR.

Full Address 351 S. Washington Ave. GREENVILLE, MS.

Telephone 662-335-6001 Fax 662-378-8958

Contact Name Johnnie Walls Email jewalls1@wallslaw.firm.com

Office Sought SENATOR/Dist. 12 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>+\$1,000.⁰⁰</u>	<u>\$ 1000.⁰⁰</u>	<u>\$ 1,000.⁰⁰</u>
Total amount of disbursements \$	<u>\$500. + \$</u>	<u>\$ 500.⁰⁰</u>	<u>\$ 500.⁰⁰</u>
Total amount of cash on hand		<u>\$ 500.⁰⁰</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

02/01/2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee JOHNNIE E. WALLSReporting period JUN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

ADVANCE AMERICADate
(Mo., Day, Year)11/09/09Amount of each
receipt
this period\$ 500.00

Mailing Address

135 N. Church Street

City, State, Zip Code

SPARTANBURG, S.C. 29306

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 500.00B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

A.T.S.T. MISSISSIPPI PACDate
(Mo., Day, Year)09/17/09Amount of each
receipt
this period\$ 500.00

Mailing Address

175 E. Capital St. Landmark C.

City, State, Zip Code

DACKSON MS. 38701

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 500.00C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

____/____/____

\$

____/____/____

\$

____/____/____

\$

____/____/____

\$

Aggregate
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

____/____/____

\$

____/____/____

\$

____/____/____

\$

____/____/____

\$

Aggregate
year-to-date

\$

Name of Candidate or Committee

JOHNNIE E. WALLS

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Reporting period

January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name ALPHA KAPPA ALPHA Society		Date (Mo., Day, Year) 11/04/09	Amount of each disbursement this period \$ 500.00
Mailing Address			
City, State, Zip Code GREENVILLE MS			
Purpose of Disbursement (Optional) Miss. Fashionette Scholarship Fund		Aggregate Year-to-date	\$ 500.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$